

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

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INTELLECTUAL PROPERTY LAW
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LOS ANGELES, CA 90025

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APR 11 2005

Deliver to: Edward J. Cain, USPTO Art Group: 1714
Facsimile No.: 703 872-9306 Date: April 11, 2005
From: William W. Schaal, Reg. No. 39,018
Our Docket No.: 42390P10938X Number of pages 12 including this sheet.
Application No.: 10/034,699 Filing Date: 12/27/2001
Docket Due Date(s): 4/12/2005

Enclosed are the following documents:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.81)

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Susan McFarlane 4/11/2005
Susan McFarlane Date

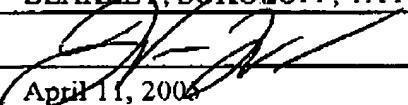
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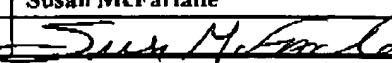
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TRANSMITTAL FORM		Application No.	10/034,699	
<i>(to be used for all correspondence after initial filing)</i>		Filing Date	December 27, 2001	
		First Named Inventor	James C. Matayabas, Jr.	
		Art Unit	1714	
		Examiner Name	Edward J. Cain	
Total Number of Pages in This Submission		11	Attorney Docket Number	42390P10938X

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		

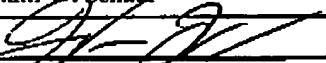
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	April 11, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
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Typed or printed name	Susan McFarlane		
Signature		Date	April 11, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wdr) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005		<i>Patent fees are subject to annual revision</i>																																																																																																																																												
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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP																																																																																																																																														
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																																																																																																																														
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Total Claims 26 30* = 0 x 50.00 = \$0.00 Independent Claims 5 5* = 0 x 200.00 = \$0.00 Multiple Dependent																																																																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Large Entity</th> <th style="width: 15%;">Small Entity</th> <th style="width: 15%;">Fee</th> <th style="width: 15%;">Fee</th> <th style="width: 15%;">Fee</th> <th style="width: 15%;">Fee Description</th> </tr> <tr> <th>Fee Code (\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1202 50</td> <td>2202 25</td> <td>2202 25</td> <td>Claims in excess of 20</td> <td></td> <td></td> </tr> <tr> <td>1201 200</td> <td>2201 100</td> <td>2201 100</td> <td>Independent claims in excess of 3</td> <td></td> <td></td> </tr> <tr> <td>1203 380</td> <td>2203 180</td> <td>2203 180</td> <td>Multiple Dependent claim, if not paid</td> <td></td> <td></td> </tr> <tr> <td>1204 300</td> <td>2204 150</td> <td>2204 150</td> <td>"Resissue independent claims over original patent</td> <td></td> <td></td> </tr> <tr> <td>1205 300</td> <td>2205 150</td> <td>2205 150</td> <td>"Resissue claims in excess of 20 and over original patent</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">SUBTOTAL (1)</td> <td colspan="2" style="text-align: center;">(\$) 0.00</td> <td colspan="2" style="text-align: right;">*or number previously paid, if greater. For Resissues, see below</td> </tr> </tbody> </table>				Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Code (\$)		1202 50	2202 25	2202 25	Claims in excess of 20			1201 200	2201 100	2201 100	Independent claims in excess of 3			1203 380	2203 180	2203 180	Multiple Dependent claim, if not paid			1204 300	2204 150	2204 150	"Resissue independent claims over original patent			1205 300	2205 150	2205 150	"Resissue claims in excess of 20 and over original patent			SUBTOTAL (1)		(\$) 0.00		*or number previously paid, if greater. For Resissues, see below																																																																																																
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SUBMITTED BY

Name (Print/Type)	William W. Schaeff	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	04/11/05

Based on PTO/SB-17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ver) 12/15/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005		<i>Complete if Known</i> Application Number <u>10/034,699</u> Filing Date <u>December 27, 2001</u> First Named Inventor <u>James C. Matayabas, Jr.</u> Examiner Name <u>Edward J. Cain</u> Art Unit <u>1714</u> Attorney Docket No. <u>42390P10938X</u>	
<small>Patent fees are subject to annual revision.</small>			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
TOTAL AMOUNT OF PAYMENT		(\$) <u>130.00</u>	

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: **Blakely, Sokoloff, Taylor & Zafman LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	26	Claims below	Fee Paid
Independent Claims	5	30* = 0 x 50.00 = \$0.00	
Multiple Dependent		5* = 0 x 200.00 = 50.00	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	160	"Reissue independent claims over original patent
1205	600	2206	150	"Reissue claims in excess of 20 and over original patent
		SUBTOTAL (1)		(3) 0.00

***or number previously paid, if greater. For Reissues, see below.*

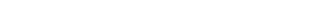
2 ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or auth
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2153	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	610	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451		2451		Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(g)
1808	180	1808	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.12)
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.12)

Fee Paid

130.00

130.00

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018	Telephone (714) 557-3800
Signature			Date	04/11/05

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